



OCCUPATIONAL HEALTH **BEST PRACTICES**

WORKING TOGETHER TO KEEP PEOPLE WORKING

SSB 5801 Wrap Up

July 23, 2015

Workers Compensation Reform Wrap up

Context: The committee formation and work plans have been driven by worker's compensation reform legislation. With this biennium complete, much of the work has wrapped up or has transitioned to ongoing program maintenance.

Goal: Provide Status and close out on all legislatively required work.

- Medical Provider Network
- Risk of Harm
- Occupational Health Management System (OHMS)
- COHE Expansion
- Expanded Best Practices
- Top Tier



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Workers Compensation Reform: SSB5801

RCW 51.36.010

- Create an **advisory committee** with providers, business and labor
- Create a statewide **medical provider network** for workers covered by L&I and self-insured employers
- Define **minimum standards**, and criteria for monitoring and terminating a provider from the network, including “**risk of harm**”
- **Expand Best Practices** –
 - Centers of Occupational Health & Education (**COHE**) accessible to all injured workers and emerging best practices for all phases of claim
 - Create a **tracking system** for occupational-health best practices
Designate a “**top tier**” and provide incentives for network providers who demonstrate best practices
- Work with self-insured community to implement **utilization review** standards for quality and reduce administrative burden for providers.



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Medical Provider Network

Beginning **January 1, 2013**, the following Washington State providers can treat for the initial visit *only* unless they are in the network:

- Physicians (medical and osteopathic)
- Chiropractors
- Naturopathic Physicians
- Podiatric Physicians
- Advanced Registered Nurse Practitioners
- Physician Assistants
- Dentists
- Optometrists

“Initial visit” = the visit when the physician fills out the first accident report on the injury claim.



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SSB 5801 Wrap Up – Medical Provider Network

Goals	Accomplishments	Continued Development															
Establish Medical Provider Network - Criteria and Process	<ul style="list-style-type: none"> Rules Adopted Credentialing Process and Staff Developed IT System Implemented Outreach Conducted Process for continuous provider monitoring established 	Continuous improvement in application processing															
Credential Providers	<table> <tr> <td>Approved</td><td>22,600</td><td></td></tr> <tr> <td>Provisional/Other</td><td>307</td><td></td></tr> <tr> <td>Pending (Applicant)</td><td>902</td><td>Total 23,809</td></tr> <tr> <td>Withdrawn</td><td>2,696</td><td></td></tr> <tr> <td>Denied /Terminated</td><td>115</td><td></td></tr> </table>	Approved	22,600		Provisional/Other	307		Pending (Applicant)	902	Total 23,809	Withdrawn	2,696		Denied /Terminated	115		Present data on geographical areas and/or provider types <ul style="list-style-type: none"> Border states PT/OT Psychologists
Approved	22,600																
Provisional/Other	307																
Pending (Applicant)	902	Total 23,809															
Withdrawn	2,696																
Denied /Terminated	115																
Review Outcome	99% of IW have same or higher coverage than pre-network Actuarial Analysis Complete – <ul style="list-style-type: none"> Non-network provider averaged 36% higher Time-Loss Savings of \$34.5Million 																



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Risk of Harm

L&I's new rules establish a clearer standard for when a provider may be removed from the network due to quality of care issues. Three criteria must be met. There must be:

1. A pattern
2. Low quality care
3. Risk to the patient of physical or psychiatric harm

Purpose

To protect injured workers from physical or psychiatric harm due to low quality care

Goals

To develop methods to identify potential outlier providers
To establish an internal process of action



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Risk of Harm: Opioids

Harm: Death

Low quality care: various*

- Overuse of treatment intervention (e.g. high dose and long term prescription of opioids)
- Poor prescribing patterns (e.g. opioids + sedatives)

Pattern(s):

- Two or more deaths
- or one death + a life-threatening event(s);
- or one death + very high doses in other patients (risk of harm)

*Some patterns of low quality care (very high doses of opioids) constitute risk of harm



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Risk of Harm: Reoperation

Low quality care

- High re-operation (repeat surgery) rate following lumbar fusion

Pattern(s)

- A provider's cases are at/or below the tenth percentile
- A provider's adverse event rates are at least twenty percent above the expected rate

Harm: various

- Decreased function or increased disability
- Increased pain
- Worsening of condition(s) - *e.g.*, failed back surgery syndrome or arachnoiditis



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SSB 5801 Wrap Up – Risk Of Harm

Goals	Accomplishments	Continued Development
Establish Risk of Harm Standard	Rules Adopted to define: <ul style="list-style-type: none"> • Low Quality • Pattern • Harm 	None
Define Strategy, Process, and Resources	<ul style="list-style-type: none"> • Defined data driven strategy and process • Consult IIMAC on appropriate topics and criteria. Initial topics: Opioid and Reoperation • Identified data resources and mapped data • Defined review criteria • Staff Resource identified 	Hire Staff Test Process Continue refinement of criteria
Future Topics	<ul style="list-style-type: none"> • Global evaluation with multiple outcomes criteria - Associate medical director and data resources currently Exploring 	Underway



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SSB 5801 Wrap Up – Occupational Health Management System (OHMS)

- OHMS: The department shall **develop electronic methods of tracking evidence-based quality measures** to identify and improve outcomes for injured workers at risk of developing prolonged disability. In addition, these methods must be used to **provide systematic feedback to physicians** regarding quality of care, to **conduct appropriate objective evaluation of progress** in the centers for occupational health and education, and to **allow efficient coordination of services**.



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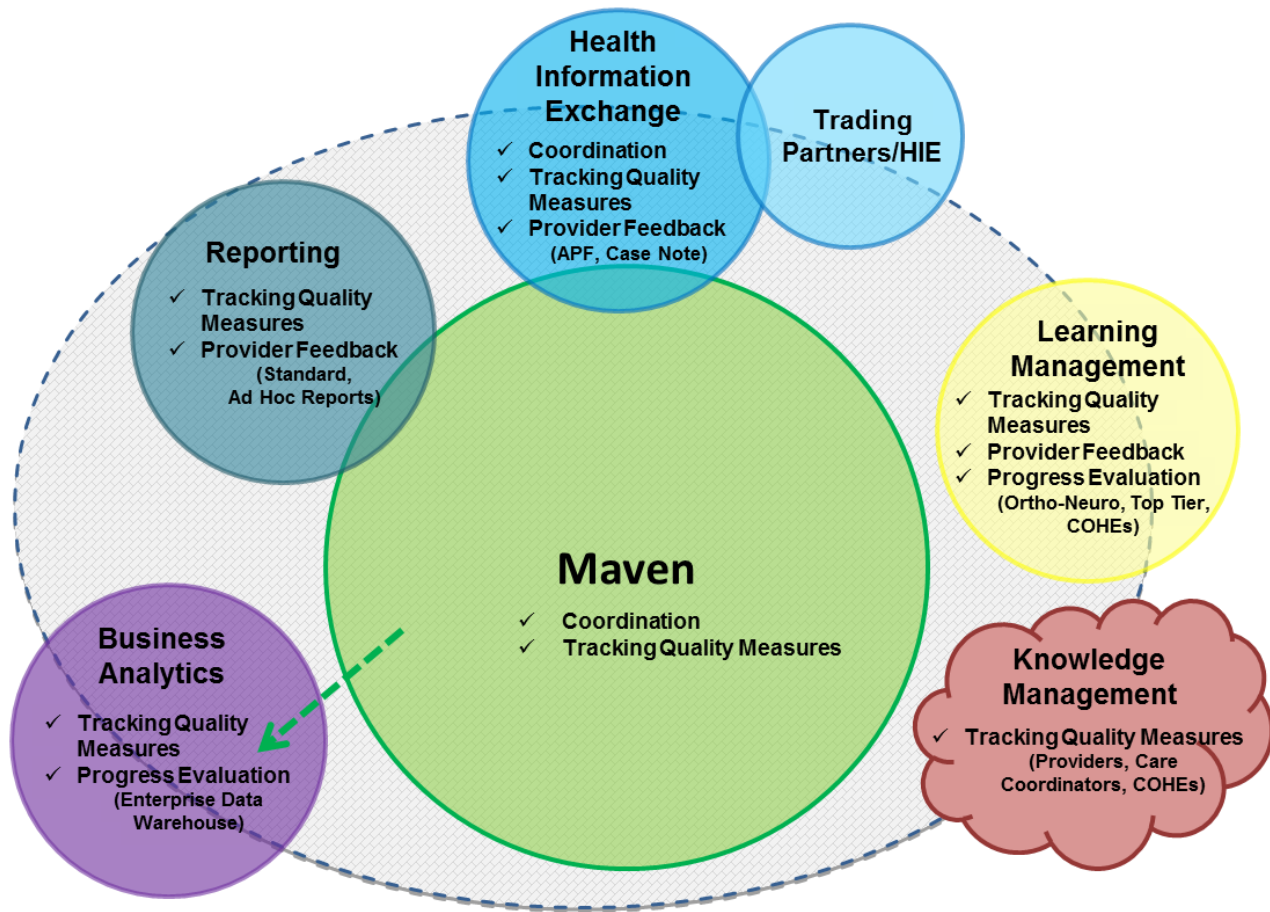
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The OHMS “Galaxy”

OHMS is a collection of services and systems.

Where possible, OHMS builds on existing enterprise services and systems available at L&I.

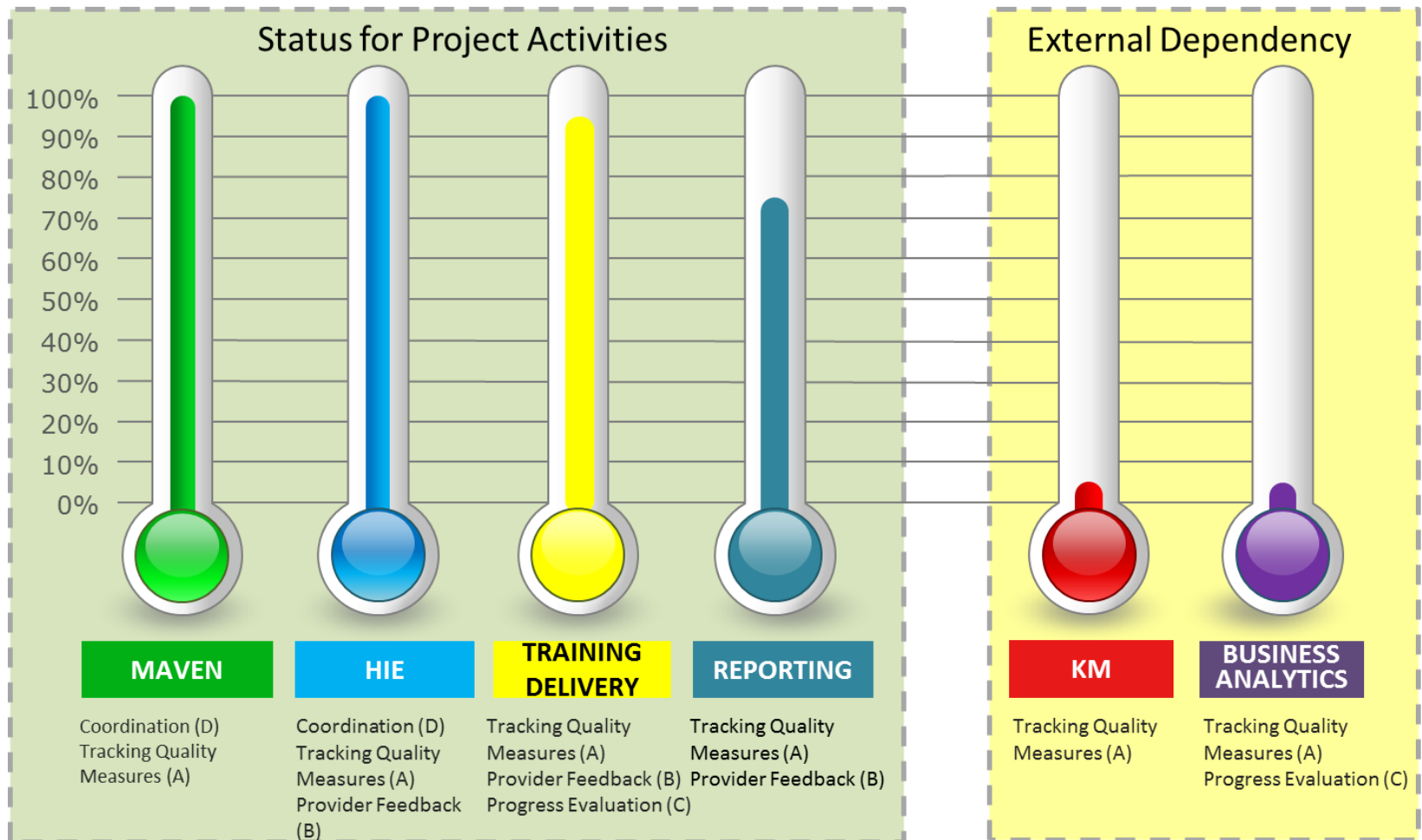
Maven interacts with many but not with all OHMS systems or services.



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The OHMS “Galaxy” Status



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SSB 5801 Wrap Up – Centers of Occupational Health and Education (COHE)

- COHE Expansion: the department **shall establish additional centers for occupational health and education**, with the goal of extending access to at least fifty percent of injured and ill workers by December 2013 and to all injured workers by December 2015.



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SSB 5801 Wrap Up - COHE

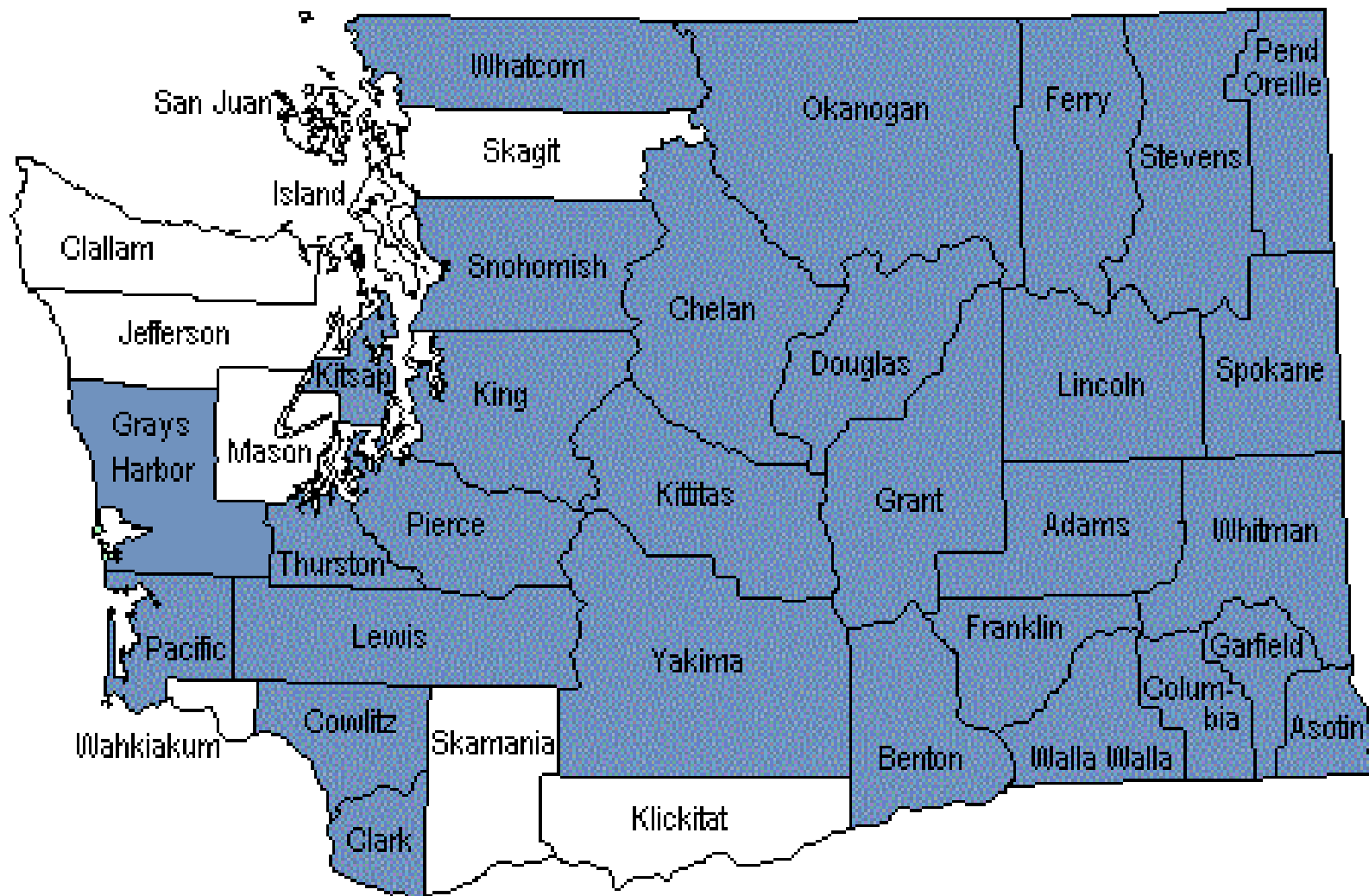
Goals	Accomplishments	Continued Development
Additional Centers	Contracted with 6 COHE sponsoring organizations: <ul style="list-style-type: none"> • UW Medicine/Valley Medical Center • St. Luke's Rehabilitation Institute • The Everett Clinic • UW Medicine/Harborview Medical Center • Group Health Cooperative • Franciscan Health System 	Extend COHE contracts Consider need for additional COHE sponsors
Extending Access to Services	2,724 COHE providers 9,679 claims initiated in a quarter (Jan-Mar 2015) 30 counties	Develop metric for access to COHE services
Increasing Use of Best Practices	69% of COHE providers are medium or high adopters HSC work on 46% of TL claims	Review metric and benchmark for provider adoption



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Counties with COHE Providers



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SSB 5801 Wrap Up – COHE Demo



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SSB 5801 Wrap Up – New Best Practices

- New Best Practices: The department shall also **develop additional best practices and incentives that span the entire period of recovery**, not only the first twelve weeks.
 - Surgical Best Practices
 - Activity Coaching
 - Functional Recovery Pilot



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SSB 5801 Wrap Up – New Best Practices/Surgical

Goals	Accomplishments	Continued Development
Pilot four new surgical best practices	<p>Contracted with three pilot sites</p> <p>Enrolled 37 surgeons</p> <p>Hired three surgical health services coordinators</p>	<p>Incorporate best practices training for surgeons</p> <p>Conduct outreach to referring providers</p>
Evaluate pilots		<p>Develop provider scorecards</p> <p>Track process measures</p> <p>Conduct formal evaluation</p>
Integrate successful practices	Identified opportunities for OHMS to support care coordination across programs	<p>Standardize processes for care coordination across programs</p> <p>Align successful components with other best practice programs</p>



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SSB 5801 Wrap Up – New Best Practices/Surgical Demo

Surgical BP Pilot Claims (Last Update: 07/08/2015 11:52 AM)											
Record	Name	Surgical BP phase	Date of Injury	Claim age	Claim status	Attending Provider	Clinic/Hospital name	Surgeon	Case note submitted	SHSC Case Note submitted	Surgical HSC Assigned
<input type="checkbox"/>		BP2 – RTW Goals	03/05/2015	119	2 – Compensable (Time-loss, PPD)	P-287409 – Provider – Sampson Kevin B Md	Northwest Orthopaedic Sports M	P-287409 – Provider – Sampson Kevin B Md	03/27/2015	06/23/2015	Lisa Archer
<input type="checkbox"/>		BP2 – RTW Goals	10/11/2012	972	2 – Compensable (Time-loss, PPD)	P-151838 – Provider – Martz Robert D Md	Inland Neurosurgery And Spine	P-151838 – Provider – Martz Robert D Md		06/19/2015	Lisa Archer
<input type="checkbox"/>		BP2 – RTW Goals	01/27/2015	156	7 – Kept on salary (KOS)	P-287407 – Provider – Hsieh Gordon H Do	Northwest Orthopaedic Sports M	P-287407 – Provider – Hsieh Gordon H Do	02/13/2015	06/26/2015	Lisa Archer
<input type="checkbox"/>		BP2 – RTW Goals	01/16/2015	169	7 – Kept on salary (KOS)	P-151837 – Provider – Gruber David P Md	Inland Neurosurgery And Spine	P-151837 – Provider – Gruber David P Md		07/02/2015	Lisa Archer
<input type="checkbox"/>		BP2 – RTW Goals	12/20/2014	183	2 – Compensable (Time-loss, PPD)	P-287413 – Provider – Staeheli John W Md	Northwest Orthopaedic Sports M	P-287413 – Provider – Staeheli John W Md		05/15/2015	Lisa Archer
<input type="checkbox"/>		BP2 – RTW Goals	01/20/2015	166	2 – Compensable (Time-loss, PPD)	P-329550 – Provider – Miller Doyle J Md	Northwest Orthopaedic Sports M	P-329550 – Provider – Miller Doyle J Md		06/24/2015	Lisa Archer
<input type="checkbox"/>		BP2 – RTW Goals	01/19/2015	163	2 – Compensable (Time-loss, PPD)	P-287406 – Provider – Gibbons David J Md	Northwest Orthopaedic Sports M	P-287406 – Provider – Gibbons David J Md		06/25/2015	Lisa Archer
<input type="checkbox"/>		Post-Op	01/08/2015	176	2 – Compensable (Time-loss, PPD)	P-297402 – Provider – Bales Joshua G Md	Northwest Orthopaedic Sports M	P-297402 – Provider – Bales Joshua G Md		06/26/2015	Lisa Archer
<input type="checkbox"/>		Consultation	12/19/2014	185	1 – Non-compensable (medical only, NC)	P-287409 – Provider – Sampson Kevin B Md	Northwest Orthopaedic Sports M	P-287409 – Provider – Sampson Kevin B Md		02/25/2015	Lisa Archer
<input type="checkbox"/>		BP2 – RTW Goals	05/14/2014	206	7 – Kept on salary (KOS)	P-297402 – Provider – Bales Joshua G Md	Northwest Orthopaedic Sports M	P-297402 – Provider – Bales Joshua G Md	12/11/2014	06/05/2015	Lisa Archer
<input type="checkbox"/>		BP2 – RTW Goals	10/16/2014	261	2 – Compensable (Time-loss, PPD)	P-287406 – Provider – Gibbons David J Md	Northwest Orthopaedic Sports M	P-287406 – Provider – Gibbons David J Md		06/24/2015	Lisa Archer
<input type="checkbox"/>		BP2 – RTW Goals	11/06/2014	227	2 – Compensable (Time-loss, PPD)	P-151837 – Provider – Gruber David P Md	Inland Neurosurgery And Spine	P-151837 – Provider – Gruber David P Md		06/25/2015	Lisa Archer
<input type="checkbox"/>		BP2 – RTW Goals	10/10/2014	267	2 – Compensable (Time-loss, PPD)	P-287409 – Provider – Sampson Kevin B Md	Northwest Orthopaedic Sports M	P-287409 – Provider – Sampson Kevin B Md		06/01/2015	Lisa Archer
<input type="checkbox"/>		Consultation	07/31/2014	334	1 – Non-compensable (medical only, NC)	P-287406 – Provider – Gibbons David J Md	Northwest Orthopaedic Sports M	P-287406 – Provider – Gibbons David J Md			Lisa Archer
<input type="checkbox"/>		Consultation	06/27/2014	371	2 – Compensable (Time-loss, PPD)	P-297402 – Provider – Bales Joshua G Md	Northwest Orthopaedic Sports M	P-297402 – Provider – Bales Joshua G Md		06/17/2015	Lisa Archer
<input type="checkbox"/>		Consultation	03/30/2014	456	9 – Loss of earning power (LEP)	P-151837 – Provider – Gruber David P Md	Inland Neurosurgery And Spine	P-151837 – Provider – Gruber David P Md		05/18/2015	Lisa Archer
<input type="checkbox"/>		BP2 – RTW Goals	03/30/2014	462	7 – Kept on salary (KOS)	P-287406 – Provider – Gibbons David J Md	Northwest Orthopaedic Sports M	P-287406 – Provider – Gibbons David J Md	10/21/2014	06/22/2015	Lisa Archer



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SSB 5801 Wrap Up – New Best Practices/Activity Coaching

Goals	Accomplishments	Continued Development
Pilot and evaluate activity coaching	23 activity coaches Significant improvement in IW assessment scores	Increase appropriate referrals
Integrate activity coaching	Project launched Several workgroups developing recommendations	Integrate with early return to work, vocational services, claim management processes, etc...



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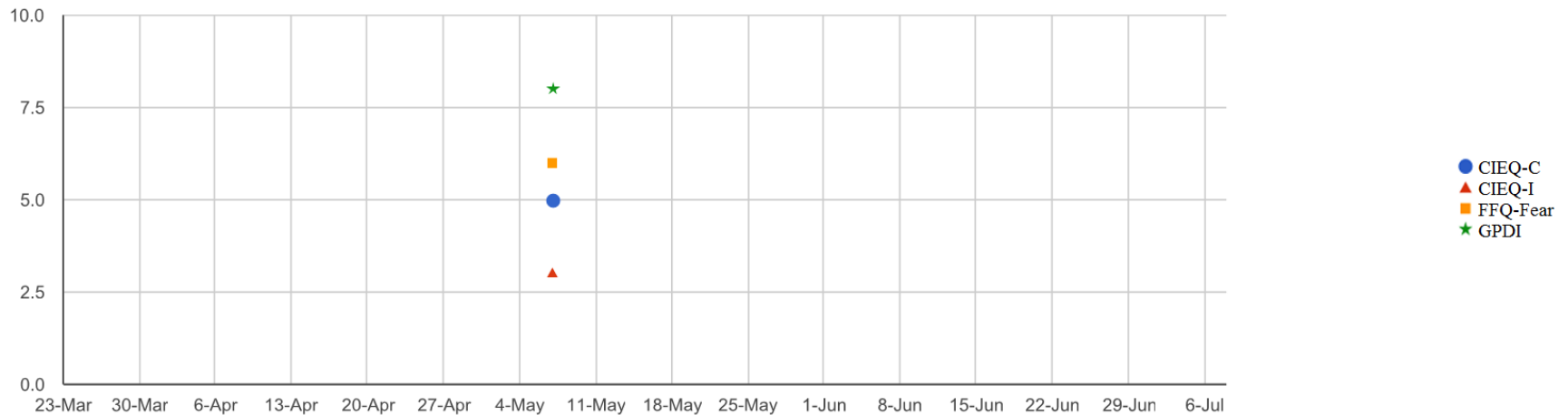
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SSB 5801 Wrap Up – New Best Practices/Activity Coaching Demo

Activity Coaching: PGAP Assessment Scoring Timeline

Patient: [REDACTED]

Claim ID: [REDACTED]



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SSB 5801 Wrap Up – New Best Practices/Functional Recovery

Goals	Accomplishments	Continued Development
Test administration of functional recovery questionnaire	HSCs administered 94 questionnaires 52 questionnaires were FRQ positive	Continue HSC administration and test interventions for providers
Develop functional recovery interventions	2 interventions drafted <ul style="list-style-type: none">• Awaiting surgery/complex• Uncomplicated musculoskeletal	Draft “employer unable to accommodate” intervention Test with provider champions



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SSB 5801 Wrap Up – New Best Practices/Functional Recovery Demo

Injured Worker Questions	
1) During the past week, have you worked for pay?	No ▾
2) In the past week how much has pain interfered with your ability to work, including housework? (0 = No interference, 10 = Unable to carry on any activities)	6 ▾
3) Please check any areas where you have persistent, bothersome pain:	<input type="checkbox"/> Low back with pain, numbness, or tingling that travels down your leg <input type="checkbox"/> Low back without leg pain <input type="checkbox"/> Head <input type="checkbox"/> Neck <input checked="" type="checkbox"/> Shoulder(s) <input checked="" type="checkbox"/> Arms/Hands <input type="checkbox"/> Abdomen/Pelvic area <input type="checkbox"/> Hips/Buttocks <input type="checkbox"/> Legs/Feet <input type="checkbox"/> Chest/Rib cage <input type="checkbox"/> Upper/Mid back <input type="checkbox"/> No areas with persistent, bothersome pain
4) Since your injury, has your employer offered you light duty, part time work, a flexible schedule, special equipment, or other job modifications if needed to allow you to work?	No ▾
5) How certain are you that you will be working in six months? (0 = Not at all certain, 10 = Extremely certain)	10 ▾
6) Are you concerned that your work will make your pain or injury worse?	Yes ▾
FRQ score (A positive FRQ has a score of 3)	3
Risk Score as of this FRQ	4
Notes:	



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SSB 5801 Wrap Up – Top Tier

- Top Tier: The advisory group shall recommend **best practices standards to the department to use in determining second tier network providers.** The department shall develop and implement financial and nonfinancial incentives for network providers who qualify for the second tier. The department is authorized to certify and decertify second tier providers.



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SSB 5801 Wrap Up – Top Tier

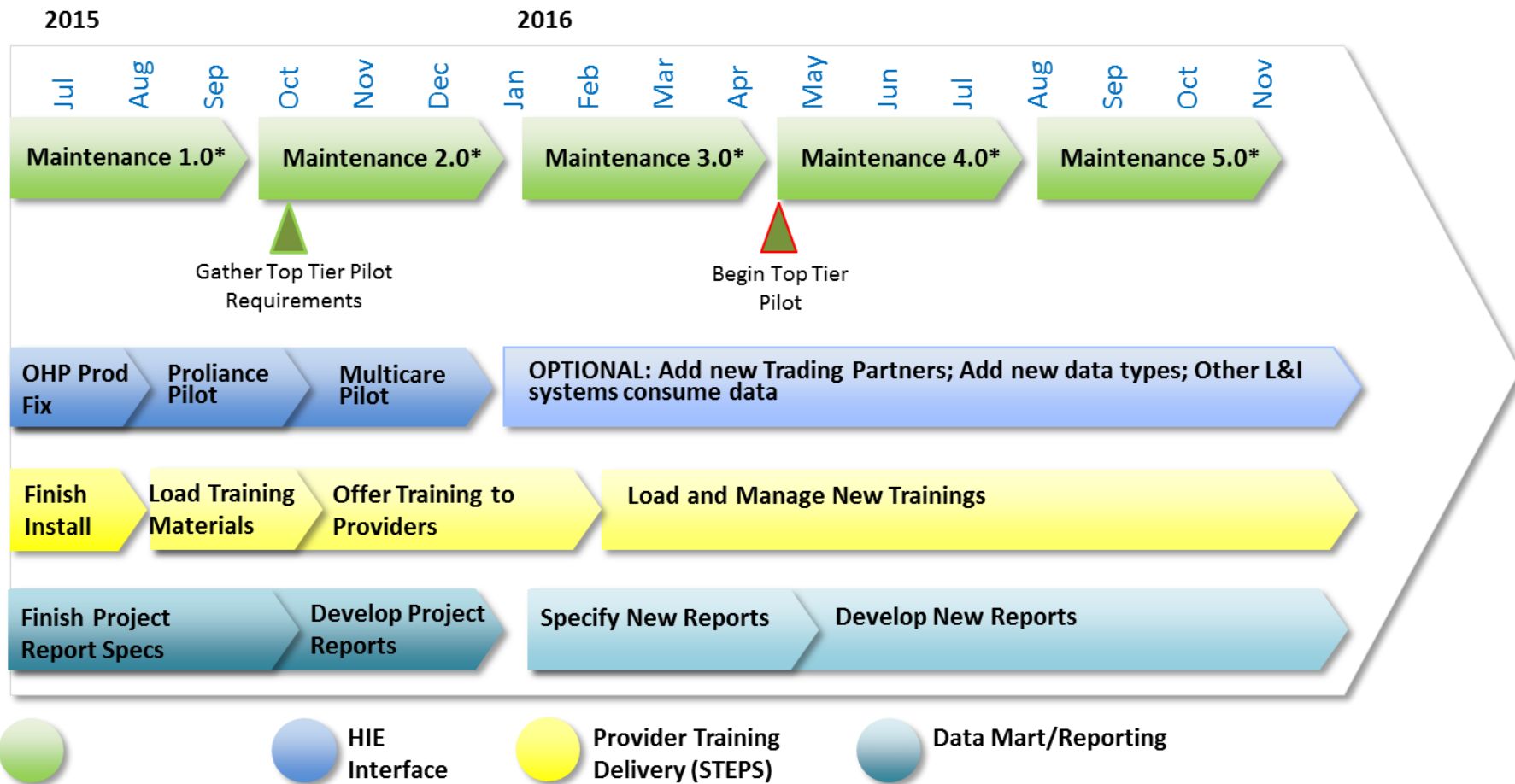
Goals	Accomplishments	Continued Development
Develop best practices to identify top tier providers in the MPN	Developed criteria with ACHIEV and provider input	Model Coming Soon...in October!



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Ongoing OHMS Work



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